

**INCREASING ACCESSIBILITY TO DIRECTLY OBSERVED TREATMENT
SHORT-COURSE (DOTS) THROUGH A DECENTRALIZED AND
COMMUNITY BASED TUBERCULOSIS CONTROL PROGRAM IN ASHRANG
HEALTH POST AREA OF LALITPUR DISTRICT, NEPAL**

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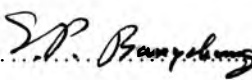
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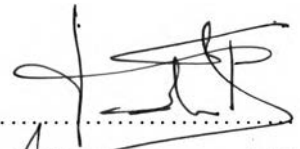
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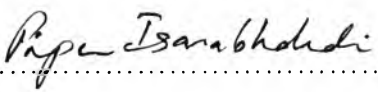
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ABSTRACT

Tuberculosis is a major public health problem and access to Directly Observed Treatment Short-Course (DOTS) is a must for effective TB control. This study deals with the issue of low access to DOTS for TB patients in the hilly area of Lalitpur District, Nepal. Geographical factors are the main obstacles but the health services are not managed adequately to overcome geographical constraints. Centralized DOTS services and shortage of trained treatment observers are the main management problems for accessible delivery of DOTS in the hilly area of the district. Low access to DOTS leads to low TB case finding and high default rates, and will have alarming socio-economic impacts on the community.

Decentralizing DOTS, indoor treatment of TB patients, family and community based Directly Observed Treatment are possible alternatives for improving access to DOTS. However, in the context of Nepal, decentralizing DOTS services to lower health institutions complemented by community based DOT would be appropriate alternative strategies for improving access to DOTS.

A rapid assessment was conducted in Lalitpur District to explore the feasibility of the alternative strategies for delivering DOTS. The assessment findings are useful for analyzing the situation in terms of the NTP policy scope, the perception of Health Post and Sub-Health Post staff, TB patients and Female Community Health Volunteers on the alternative strategies.

A pilot project has been developed to address the problem of low access to DOTS in Ashrang HP area, the hilly area of Lalitpur District. The project comprises of two interventions: (i) Decentralization of DOTS centers and sub-centers, (ii) mobilization of FCHVs as DOT observers. The project involves joint efforts of the government health offices, an INGO and the community for management and resources. The project will be evaluated on its effectiveness to improve accessibility to DOTS, increase TB case detection and decrease default among TB patients, performance on DOTS services and cooperation among stakeholders in the project.

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